## Rhode Island Department of Environmental Management Emergency Response Investigative Report

Case Number: Date of Incident:		Time of Incident:		Employee who received complaint:				
						Date and tim	ao rossivod:	
ش Yes ش Reinspection: ش	No					Date and tin	ie received.	
Location of Incident:				Latitude:		Longitude:		
Incident Benerted by:	1	Affiliation/Address		Dhono no (with are	0.000	a): Alternate ph	ono:	
Incident Reported by:		Allilation/Address	Phone no. (with area co		a coue	e): Alternate ph	one.	
Responsible Party: Affiliation/Address		: Phone no. (with are		ea code): Alternate		one:		
Our and Danasa in a base of the state of A delayers		: Phone no. (with area code		a): Phone no (	with area code):			
Owner/Person in charge:		Affiliation/Address	. Priorie no. (with area code		e).   Phone no. (v	with area code).		
Incident Description:			Media Affected:			Mode:		
UST Tank Leak				Air		☐ Highway		
UST Tank Overfill				Soil		□ Waterway		
□ AST Tank Leak				Ditch		☐ Residential		
<ul><li>□ AST Tank Overfill</li><li>□ Air Release</li></ul>				Beach Storm Drain		□ Rail □ Rural		
☐ Valve Leak				Wells Nearby		☐ Coasta	al .	
☐ Transformer Leak				Ground Water		☐ Facility		
Dumping				Impervious Surface		☐ Pipelin		
☐ Spill				Surface Water		☐ Comm		
☐ Fire				Other:		☐ Agricul		
<ul><li>□ Abandoned Batter</li><li>□ Abandoned Drum(</li></ul>						Other :		
□ Abandoned Conta								
☐ Vessel Discharge								
Vessel Sinking/Ag								
Vehicle Accident								
☐ Vehicle Fuel Tank Leak								
Other:								
Was there a release?	Substa	ntial threat to the	Managem	ent Areas Affected		Affected manage	ement areas:	
□ No	environ	ment?	(e.g. parks, shores, reserves,			· ·		
☐ Yes	☐ Yes ☐ No		wildlife habitat):					
☐ Yes		□ No □ Yes						
				res				
Injuries:	Fatalitie	es:	Waters In	npacted:		Endangered Wat	ters:	
' □ No □ No			Inland (EPA Zone)	d (EPA Zone)				
□ Yes				Coastal (USCG Zone	e)			
Number:		Number:	Mahiala M	annal Trunci		Facility Tymes		
Discharged Material and Amount (gal or lbs):			Vehicle/Vessel Type:			Facility Type: ☐ Marina		
			☐ Ship☐ Tanker			☐ Narina ☐ Power Plant		
			□ Barge			☐ Chemical Storage		
1			☐ Recreational Vessel			☐ Service Station		
			☐ Truck			Automotive Shop		
1			☐ Semi Truck			□ Factory		
			☐ Cargo trailer			□ Bulk Product Waste Storage		
Make/Model of Vehicle or Vessel Name:			☐ Automobile  Tag or Registration No.:			☐ Commercial (Story)  Operator's Name:		
Manchione of Verlice of Vessel Natific.			ray or Re	gistiation No		Operator 5 Marrie	••	
Abandoned Drums:	Size of	f Drums (gal):	Color or N	/larkings:		all Condition:	Drums Leaking:	
□ No						☐ Good	□ No	
☐ Yes						☐ Fair	☐ Yes	

Weather:  Clear	Water Conditions:		Wind: ☐ No	one	Vis	sibility:	Tides:  High
☐ Cloudy	(waves <	5")		ght (0-6 mph	)	☐ Good	Low
□ Rain	☐ Choppy	,		oderate (7-17		☐ Fair	☐ Rising
□ Snow	(waves 6"	to 2')		ph)		Poor	☐ Ebbing
☐ Hazy ☐ Fog	☐ Rough (waves 2'	to 6')		rong (15-25 i		at □ Day	
☐ Fog	□ Very Rou			orm (over 25 ph)	,	□ Day □ Night	
Air Temperature:	(waves >6	5')	,	P···)		g	
Water Temp:	☐ Strong Cu	rrent	Wind Directi	ion:			
Predicted Weather Cha	ngos That Might Affo	et Dischar	ao.				
Tredicted Weather One	anges mat wilght Ane	Ct Discriai	ge.				
Predicted Movement of	f Discharge:						
Characteristics of Affect	ted Area:						
Response:		Respon	se Actions:			Evacuation:	
None			Leak Stopp			□ No	
<ul><li>□ Phone Only</li><li>□ Referral</li></ul>	□ Soil removed				☐ Yes		
☐ Follow-up La	ter	□ Absorbent Used □ Contractor Hired				Total Area Evacua	ated:
☐ On-Scene			Fire Extingu				
			Material Ne				
☐ Containment☐ Release cont		☐ Containment booms/dikes			es		
- Release com	lairieu	<ul><li>☐ Media Covered</li><li>☐ Samples Taken</li></ul>					
☐ Cleanup Initia	ated	Photographs Taken					
☐ Release clea			Contractor				
Other Agencies Notified NRC	d:			Respondin	ig Agencies EPA	3:	
□ EPA					JS DOT		
☐ US DOT					JSCG		
USCG					State Fire M		
☐ State Fire Ma	arshal al Investigation				DEM Crimir State DOT	nal Investigation	
□ State DOT	ii iiivesiigatioii				State Health	h Dept.	
State Health Dept.					Police		
□ Police					ocal Progr		
□ Local Program					₋ocal Fire D ₋ocal Sewe		
☐ Local Fire Dept.☐ Local Sewer Authority					Nater Supp		
□ Water Supply Board					ocal Road	Dept	
☐ Local Road Dept					Other (spec	cify):	
☐ Other (specif	y):						
Contact and Phone Nu	mber in Responding A	Agency:		<u> </u>			
Responsible Party Ass	umed Responsibility:			Insurance		Contacted:	
□ No □ Yes					√o ∕es		
☐ Yes ☐ N/A					res ame:		
					olicy Numb	er:	
						with area code).	

Contractor Hired By:		Contractor's Name and Phone Number:		
<ul><li>☐ Responsible Party</li><li>☐ DEM</li></ul>				
Other Responding Agency (specify)	:			
		<u>I</u>		
Brief Description of Incident, Contain	ment, and Cleanu	p Efforts to Be Take	n:	
Time and Disco ED to the North North	Transact A : 10 c	24-	Time of Departure 5	
Time and Place ER Investigator Notified:	Time of Arrival On-	oite:	Time of Departure From Site:	
Investigator Name (please print):	Investigator's Signa	ture:	Date Completed:	
mresugator rame (picase print).	veoligator a orgina		Date Completed.	
Supervisor's Name (please print):	Supervisor's Signat	ure:	Date Completed:	
, ,				
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